

Appendix 3

Medical Status Descriptions and Automatic Voice Response System Responses

Pharmacies and other providers not using real-time Point-of-Sale online claims processing should verify a participant's SeniorCare eligibility by using the Wisconsin Medicaid Eligibility Verification System (EVS), which can be accessed in a number of ways. The table below lists SeniorCare eligibility messages available through the following means of accessing EVS:

- Direct Information Access Line with Updates for Providers, which displays the participant's medical status and description.
- Automated Voice Response, which sends providers the following responses when a participant is eligible for SeniorCare.

| Medical Status Code | Medical Status Description | Automatic Voice Response |
|---------------------|---|--|
| SS | SeniorCare spenddown | For this period, the participant is eligible for SeniorCare. SeniorCare only covers prescription drugs. For spenddown, deductible, or copay status, press "0" for a correspondent, or press "1" to continue. |
| SD or SE | SeniorCare deductible | For this period, the participant is eligible for SeniorCare. SeniorCare only covers prescription drugs. For deductible or copay status, press "0" for a correspondent, or press "1" to continue. |
| SC | SeniorCare copayment | For this period, the participant is eligible for SeniorCare. SeniorCare only covers prescription drugs. |
| SF | SeniorCare deductible/ Medicare Premium Assistance | For this period, the participant is eligible for SeniorCare and QMB*. SeniorCare only covers prescription drugs. The patient is also eligible for payment of coinsurance and deductible for all services covered by Medicare. For more information on covered services, SeniorCare deductible or copay status, press "0" for a correspondent, or press "1" to continue. |
| SG | SeniorCare copayment/ Medicare Premium Assistance | For this period, the participant is eligible for SeniorCare and QMB*. SeniorCare only covers prescription drugs. The patient is also eligible for payment of coinsurance and deductible for all services covered by Medicare. For more information on covered services, press "0" for a correspondent, or press "1" to continue. |
| SH | SeniorCare deductible/ Tuberculosis (TB)- related/Medicare Premium Assistance | For this period, the participant is eligible for SeniorCare, TB-related Medicaid, and QMB*. SeniorCare only covers prescription drugs. The patient is also eligible for TB-related services and payment of coinsurance and deductible for all services covered by Medicare. For more information on covered services, SeniorCare deductible, or copay status, press "0" for a correspondent, or press "1" to continue. |

*QMB is Qualified Medicare Beneficiary.

| Medical Status Code | Medical Status Description | Automatic Voice Response |
|---------------------|--|---|
| SJ | SeniorCare copayment/ TB-related/Medicare Premium Assistance | For this period, the participant is eligible for SeniorCare, TB-related Medicaid, and QMB*. SeniorCare only covers prescription drugs. The patient is also eligible for TB-related services and payment of coinsurance and deductible for all services covered by Medicare. For more information on covered services, press "0" for a correspondent, or press "1" to continue. |
| TS | SeniorCare deductible/ TB-related | For this period, the participant is eligible for SeniorCare and TB-related Medicaid. SeniorCare only covers prescription drugs. Tuberculosis-related lab, X-ray, and outpatient services are also covered for this participant. No inpatient services are payable. For deductible or copay status, press "0" for a correspondent, or press "1" to continue. To repeat the eligibility information for this recipient, press "8." To inquire on another recipient's eligibility, press "1." To return to the main menu, press "9." If you would like assistance from a correspondent, press "0." |
| ST | SeniorCare copayment/ TB-related | For this period, the participant is eligible for SeniorCare and TB-related Medicaid. SeniorCare only covers prescription drugs. Tuberculosis-related lab, X-ray, and outpatient services are also covered for this participant. No inpatient services are payable. To repeat the eligibility information for this recipient, press "8." To inquire on another recipient's eligibility, press "1." To return to the main menu, press "9." If you would like assistance from a correspondent, press "0." |

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